



NANCY FARMER, MISSOURI STATE TREASURER
MISSOURI FIRST LINKED DEPOSIT
AGRICULTURE - BEGINNING FARMER LOAN APPLICATION

Name: _____

Business Name: _____

Social Security #: _____ Tax I.D. #: _____

Street: _____ City: _____

County: _____ State: _____ ZIP: _____

Phone #: _____ FAX #: _____

Amount Requested: \$ _____ Applicant's Equity: % _____

Farm Acreage: _____ Number of Employees: _____

Number of years applicant has previously benefited from linked deposits: _____
 (TOTAL PARTICIPATION MAY BE NO MORE THAN FIVE YEARS)

Please indicate type of operation:

☐ Cattle ☐ Swine ☐ Crop ☐ Poultry ☐ _____

Use of loan proceeds: _____

Is applicant using MO Agriculture and Small Business Development Authority's (MASBDA)
 Beginning Farmer Program? YES _____ NO _____

APPLICATION CERTIFICATION FOR A BEGINNING FARMER:

I hereby certify that the applicant individual(s) meets the following eligibility criteria:*

- (a) *Is a Missouri resident, at least 18 years of age, whose proposed project is located within the State of Missouri.*
- (b) *In the preceding five years, has not owned, either directly or indirectly, acreage in excess of 30% of the median size of a farm in the county or an amount of farmland which has a value of greater than \$125,000.*
- (c) *Has not been the sole farmer of land for more than ten years prior to the date of application.*

**(Partnerships are eligible if all partners meet the eligibility requirements for a loan.)*

(Continued on other side.)

I further certify that the reduced rate loan will be used exclusively for necessary agriculture production expenses, that the total of reduced rate loans accepted by applicant will not exceed \$250,000 at any one time; that I am aware of the Conflict of Interest Policy adopted by the State Treasurer's Office and that I comply with that policy. Additionally, I attest that I am in compliance with all state and federal laws. In the event that the loan proceeds are not used for allowable operating expenses, the remaining loan proceeds will be immediately returned to the lending institution and any loan proceeds already used shall be repaid to the lending institution as soon as practicable. I understand that the Treasurer may request additional information during the term of the deposit or for a reasonable period thereafter, and agree to respond immediately to all reasonable requests including preparation of an updated application. I understand that any intentional misrepresentation or misuse of linked deposit loan funds subjects the responsible party to criminal liability.

 Name (type or print)

 Title (if business)

 Signature

 Date

BANK CERTIFICATION:

After undertaking appropriate review of this loan application, on behalf of the lending institution I find and certify that this applicant is eligible to participate in the MISSOURI FIRST Linked Deposit Program. If the lending institution receives any information during the deposit period which reasonably causes it to question the continued eligibility of this applicant, the institution will immediately notify the State Treasurer and, if requested, the lending institution will re-examine and re-certify the applicant's eligibility. The lending institution further attests that it has no knowledge of any adverse information which would be material to the State Treasurer in determining whether this applicant is an appropriate participant in the MISSOURI FIRST Linked Deposit Program and agrees to immediately notify the State Treasurer if it becomes aware of any such information during the deposit period or for a reasonable time thereafter. The lending institution also hereby acknowledges and reaffirms the terms and conditions previously certified in the Deposit Application for this program.

I further certify that the bank is maintaining the documentation that proves eligibility of applicant(s) and can provide this information if requested by the State Treasurer's Office. (Resources that may be used to verify certification includes copies of driver's license (age), tax return (address), financial statement (equity of applicant), and the county appraisal (acreage owned in county)).

If deposit amount requested is over \$100,000, the interest rate that would normally apply to this loan is _____%.

For Lender:

 Signature

 Title

 Date

Americans with Disabilities Act (ADA) Notice

No qualified individual with a disability shall, by reason of such disability, be excluded from participation in or be denied the benefits of the services, programs or activities of the Treasurer of Missouri, or be subjected to discrimination by the Treasurer of Missouri. Any applicant for the MISSOURI FIRST Linked Deposit program who needs special accommodations (e.g., documents prepared in an alternative format or special telecommunications assistance) should request such accommodations from the Treasurer. For more information about such services, contact the Investments Department at 573-751-8530.